

SEP 0 1 2011

SUMMARY SHEET

(Change in Company's premitential	EVEL INOUS Ente revision effective OF INSUCEANDE ELD, ILLINOIS	9-1-2011
	(1) SPRINGFI	(2).	(3)
	` '	Annual Premium	Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage		
٠.	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
5. 6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Hômeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	2	
15.	Other Workers Compensation	11,308,624	-90/6
15.	Line of Insurance		
oes f	TILING APPLIES	ritories) or certain classes? If so, specify:	TORIES,
Brief of	description of filing. (If filing follows:	rates of an advisory organization, specify WORKET ADVISOR	
10	STS, AND RATING VA	LUES GFFEETIVE 9-	1-2011, FOR NEW AND
129	NEWAL POLICIES.	AS SUBMITTED BY	NCCI FILING
7	IRCULAR IL-	2011-07.	
* A	djusted to reflect all prior rate changes.		
* C	hange in Company's premium level wh	ich will	
re	sult from application of new rates.		

DIAMOND INSURSINCE

Name of Company GIROUP

DOREEN PARKS

BUSINESS DEVELOPMENT

Official - Title CRECIALIST

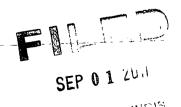
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ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/1/2011

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9. 40	Fire		
	Extended Coverage		
	Inland Marine Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers' Compensation	\$118,618	-9%
10.	Line of Insurance	\$110,010	-9 /6
	zmo or medianec		
Doe	s filing only apply to certain territory ((territories) or certain classes? If so, specify:	N/A
		rates of an advisory organization, specify org	
		2011-02 and IL 2011-07. Our only deviation is unchanged f	
		sed to the NCCI maximum minimum premium of \$1,000. P	
		\$750. This exception was filed in 2010, 2009, 2008, 2007 a	and 2006.
hav	e also enclosed a copy of our schedule rating pla	n that was filed in 2008, 2009, 2010 and 2011.	
+ A _I'			
	usted to reflect all prior rate changes		
····Cr	lange in Company's premium level w	hich will result from application of new rates.	
		MEMIC Indemnity Company	
			me of Company
		IVG	o. o. oompany
		Compliance Analyst Mi K	e Scully
			Official – Title
			/





STATE OF ILLINGIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

FILED

SUMMARY SHEET

SEP 0 1 2011

Change in Company's premi effective 09/01/2011	ium or rate level produced	d by rateracy Ment of Incuran Springfield, Illinois	
(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **	
Automobile Liability Private	- Volume (minois)	- Change (101-)	
Passenger			
Commercial			

Automobile Physical Damag		•	
Private Passenger			
Commercial			
Liability Other Than Auto			
Burglary and Theft			
Glass	***************************************		
Fidelity			
Surety			
Boiler and Machinery			
Fire			
Extended Coverage	No. 100 (100 (100 (100 (100 (100 (100 (100		
Inland Marine			
Homeowners			
Commercial Multi-Peril	·	·	
Crop Hail			
Other Workers Compensation Life of Insurance	<u>\$1,097,461</u>	-8.0%	
Does filing only apply to cert Classes? If so,	tain territory (territories) o	r certain	
specify: No		Corrected RF3	
specify.		Corrected KT	
Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI's 09/01/2011 loss cost filing reflecting enactment of House Bill 1698			
	· · · · · · · · · · · · · · · · · · ·		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new			
 rates. Meridian Security Insurance Company			
		ame of Company	
		upervisor - State Filings	
		Official - Title	

Correction

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)



SUMMARY SHEET

SEP 0 1 2011

(1		(2) Annual Premium	(3) Percent	
Cover	age	Volume (Illinois) *	_ Change (+or-) **	
Automobile Lia	bility Private			
Passenger				
Commercial				
Automobile Ph	ysical Damag]		
Private Passer	nger			
Commercial				
Liability Other	Than Auto			
Burglary and T	heft			
Glass				
Fidelity				
Surety				
Boiler and Mad	hinery			
Fire				
Extended Cove	erage			
Inland Marine				
Homeowners				
Commercial M	ulti-Peril			
Crop Hail				
Other Workers (Compensation	\$3,335,663	-6.7%	
Life of	Insurance			
Does filing only apply to certain territory (territories) or certain				
Classes? If so				
specify:	No		Corrected RF3	
Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI's 09/01/2011 loss cost filing reflecting enactment of House Bill 1698				
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new				
rates		State Automobile	e Mutual Insurance Company	
			lame of Company	
		1,7	iaiiia ar aariipuriy	

Kathy Hartwell, Supervisor - State Filings

Official - Title

Section 754 EXHIBIT A Summary Sheet (Form RF-3)



FORM (RF-3)

SEP 0 1 2011

SUMMARY SHEET

STATE OF ILLINOIS

Change in Company's premium or rate level produced by rate REPRINGUELD, ILLINOIS effective 09/01/2011

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	 Volume (Illinois) * 	Change (+or-) **
1.	Automobile Liability Private Passenger		
_	Commercial		<u>:</u>
2	Automobile Physical Damag		_
	Private Passenger		
,	Commercial		
3.	Liability Other Than Auto		
4. 5.	Burglary and Theft		
5. 3.	Glass		
5. 7.	Fidelity		
' . 3.	Surety Poiler and Machinen		
3. ∂.	Boiler and Machinery Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	····	
13.	Commercial Multi-Peril		
14.	Crop Hail		
 15.	Other Workers Compensation	\$1,701,372	-5.4%
	Life of Insurance	Ψ1,701,372	-0.470
•			
	Does filing only apply to certa	ain territory (territories) or	certain
	Classes? If so,		1 0 0.55
	specify: No		errected RF3
	D 1 6 1 1 1 1 6 6 1 1 1 1 6 6 1 1 1 1 1		· · · · · · · · · · · · · · · · · · ·
	Brief description of filing. (If f	iling follows rates of an ac	dvisory
	Organization, specify organization):	Adoption of NCCI's 00/	01/2011 loss cost filing reflecting
	enactment of House Bill 1698	Adoption of Neer's 097	01/2011 loss cost lilling renecting
	enacument of House Bill 1090		
	*Adjusted to reflect all prior ra	ete changes.	
	**Change in Company's prem	nium level which will resul	t from application of new
-	rates.	State Auto Property	/ & casualty Insurance Company

Name of Company Kathy Hartwell, Supervisor - State Filings

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

hange in Company's premium or rate leve	produced by rate revision encoure	01-01-2012
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hall		
	\$374.632	+1.2
Crop Hail Other Workers Comp. Line of Insurance	\$374,632	+1.2
Other Workers Comp. Line of Insurance es filing only apply to certain territory (teres of description of filing. (If filing follows r	\$374,632 rritories) or certain classes? If so, specify: ates of an advisory organization, specify	No, it applies to all Loss Costs
Other Workers Comp. Line of Insurance es filing only apply to certain territory (teref description of filing. (If filing follows religious to reflect all prior rate changes.	rritories) or certain classes? If so, specify:	No, it applies to all Loss Costs organization): Revision to Loss C
Other Workers Comp. Line of Insurance es filing only apply to certain territory (teref description of filing. (If filing follows religious) liusted to reflect all prior rate changes.	rritories) or certain classes? If so, specify: ates of an advisory organization, specify ch will result from application of new rates	No, it applies to all Loss Costs organization): Revision to Loss C
Other Workers Comp. Line of Insurance es filing only apply to certain territory (teref description of filing. (If filing follows religious) liusted to reflect all prior rate changes.	rritories) or certain classes? If so, specify: ates of an advisory organization, specify ch will result from application of new rates	No, it applies to all Loss Costs organization): Revision to Loss C
Other Workers Comp. Line of Insurance es filing only apply to certain territory (teref description of filing. (If filing follows religiousted to reflect all prior rate changes.	ates of an advisory organization, specify ch will result from application of new rates	No, it applies to all Loss Costs organization): Revision to Loss Costs



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

hange in Company's premium or rate level	produced by rate revision effective	01/01/2012
(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ <u>or -)**</u>
Coverage	volume (illinois)	Change (* 61-7
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Comp. Line of Insurance	\$2,074,840	+1.2%
es filing only apply to certain territory (terri ef description of filing. (If filing follows rat		
djusted to reflect all prior rate changes.		
Change in Company's premium level which	will result from application of new rates.	
		do Fire Insurance Company., Ltd ame of Company
	Pamala C	Noon Vice President
	Paniela C	Olson - Vice President Official – Title
	JAN 0 1 2012	

STATE OF ILLINOIS PEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	01/01/2012
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire		
14. Crop Hail 15. Other Workers Comp. Line of Insurance	\$1,316,271	+1.2
Does filing only apply to certain territory (terr Brief description of filing. (If filing follows ra Multipliers	,	organization): Revision to Loss Cos
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	TRANS PACIF	FIC INSURANCE COMPANY Name of Company
	Pamela	Olson - Vice President Official - Title



JAN 0 1 2012

STATE OF ILLINOIS
DEPARTMENT OF INGURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Cha	nge in Company's premium or rate level produced by rate rev	vision effective	September 1, 2011
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Fidelity Surety		
8.	Boiler and Machinery		
9.	Fire SEP 0 1 2011		
10.	Extended Coverage		
11.	Inland Marine		
12.	Inland Marine STATE OF ILLINOIS Homeowners Commercial Multi-Peril SPRINGFIELD, ILLINOIS Commercial Multi-Peril SPRINGFIELD, ILLINOIS		
13.	Commercial Multi-Peril SPRINGFIELD, ILLINOIS		
14.	Crop Hail		
15.	Workers Compensation	5,213,894	-8.8%
16.	Other		
	Line of Insurance		
Does	filing only apply to certain territory (territories) or certain class	ses? If so, specify No.	
0003	ming only apply to certain territory (territories) of certain class	140.	
Worl	description of filing (if filing follows rates of an advisory organiters Compensation loss costs and rating values pand renewal policies effective on and after 9/1/11	er NCCI Circulars IL-2011-02 an	
	pt those policies expiring prior to 10/1/11. The filir		
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from		
		Travelers Casualt	ty & Surety Company
	DECENIED.	Name of Cor	
	RECEIVED		
		Gene Johnkoski, Jr. Senior Re	gulatory Analyst
	SEP 2 2 2011	Official - T	
	OEI WW CON		

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

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SEP 0 1 2011

SUMMARY SHEET

Change in Company's premium or rate level produced by rate PARISMENT OF INSURANCE

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **	
1.	Automobile Liability Private	volume (minois)	Change (101)	
١.	Passenger			
	Commercial	**************************************		
2	Automobile Physical Damag			
_	Private Passenger		•	
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
3 .	Fidelity			
7.	Surety			
3.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine	<u> </u>		
12.	Homeowners	****	****	
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other	\$30,672,227	-8.8%	
	Life of Insurance			
*	Does filing only apply to certain	in territory (territories) or	certain	
	Classes? If so,	in terniory (terniories) or	ccitani	
	specify: No			
		\$ 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Brief description of filing. (If fil	ling follows rates of an a	dvisorv	
	Organization, specify	g		
	organization):	Adoption of Illinois Wo	rkers Compensation 8.8% rate	
	reduction approved by Illinois Division of Insurance effective September 1, 2011			
	*Adjusted to reflect all prior rate			
	**Change in Company's prem	<u>ium level which will resul</u>	t_from-application-of new	

West Bend Mutual Insurance Company Name of Company Stephen J. Mueller, Product Development Specialist Official - Title

rates.